

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747409

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** WOMEN'S RESOURCE CENTER OF SARASOTA COUNTY, INC.

**Current Principal Place of Business:**

340 SOUTH TUTTLE AVE.  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

340 SOUTH TUTTLE AVE.  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 59-1935145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZARRO, JANICE  
340 S TUTTLE AVE  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: LEVINE, LEE  
Address: 5201 DESOTA RD. #229  
City-St-Zip: SARASOTA, FL 34235

Title: P ( ) Delete  
Name: MONK, SHARON  
Address: 417 HUNT RIDGE DRIVE  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: FRANCOLETTI, KATHY  
Address: 7376 VAN LAKE DR  
City-St-Zip: ENGLEWOOD, FL 34224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE ZARRO

DIR

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date